AIDS AND THE WORKPLACE:

An Information and Policy Guide

Manitoba
Health

Manitoba
Labour

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AIDS AND THE WORKPLACE:

An Information and Policy Guide

Prepared by:

Manitoba Health
Communicable Disease Control
800 Portage Avenue
Winnipeg, Manitoba
R3G 0N4
(204) 945-6791

and

Manitoba Labour
Workplace Safety and Health Division
1000 - 330 St. Mary Avenue
Winnipeg, Manitoba
R3C 3Z5
(204) 945-3446

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AIDS AND THE WORKPLACE

PREAMBLE

The acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) have affected our community in various ways. Although many see AIDS as strictly a medical/public health issue, it is obvious that its impact is much broader. AIDS has caused us to rethink human rights and ethical issues and has generally placed stress on us as a society.

Issues and concerns about AIDS in the workplace are, therefore, not unusual. The concerns in the workplace range from fear of becoming infected to how to provide a safe and compassionate work environment.

Goals and Concerns

Manitoba Health and Manitoba Labour in collaboration with infectious disease specialists, the Human Rights Commission and workplaces have prepared this document which addresses most common concerns.

We wish to ackowledge the assistance of the Advisory Council to the Minister of Labour on Workplace Safety & Health who developed information which served as a starting point for this document.

In successfully dealing with the issue of AIDS in the workplace, two key areas have been identified:

a) education of employees and employers
b) the development of a workplace policy, encouraged, supported and enforced from senior management down.

The first section in this document provides information about HIV infections and AIDS in relation to the workplace.

The second section encourages companies, large and small, to develop an action plan and outlines considerations to be kept in mind when formulating such an action plan.

FACTS ABOUT HIV INFECTION AND AIDS

The AIDS virus or HIV is the cause of AIDS. This virus is fragile and will not survive outside of the body. Following infection the virus is commonly found in blood, semen, vaginal fluids, lymph nodes and the brain of infected individuals. The virus has also been isolated from saliva, sweat and tears, but these fluids do not transmit the virus. Infection occurs when blood, semen and/or vaginal fluid of an infected person enters the blood stream of another. Once the virus has entered the blood stream it attaches itself to a special white blood cell. The body produces antibodies in response to the virus. The antibodies, however, do not destroy the virus and the virus proceeds to destroy the white blood cell. These white blood cells regulate a person's infection control or immune system. This process of destroying the body's immune system will progress over several years.

Upon first becoming infected, an individual may be unaware of the infection and feel perfectly healthy. As the virus destroys more and more white blood cells and consequently the immune system, the infected person is unable to fight off infections that would not pose problems for a person with a normal immune system. These uncontrolled infections will cause more illness. The end stage of this progressive condition is known as AIDS.

How is the Virus Spread?

Major routes of HIV transmission

The epidemiologic evidence clearly demonstrates that the virus is transmitted by:

- **Sexual activity**

  In Canada, as of January 1991, more than 85% of the total AIDS cases have been acquired via sexual activity with infected persons. In the most recent years the incidence of AIDS among heterosexuals has markedly increased.
- **Injection of blood**

  The second most frequent mode of HIV transmission is through injection drug use. Those who inject drugs often share needles and equipment with others. Infected blood which remains in the needle or syringe is then passed from one person to another.
- **Perinatal transmission**

  AIDS is spread to unborn infants from infected mothers during pregnancy and through exposure to infected blood during labour and delivery.

Uncommon routes of HIV transmission

- **Transfusion of blood and blood products**

  Since the screening of the Canadian blood supply for HIV antibodies began in November 1985, the risk of contracting AIDS from blood transfusions and blood products has been dramatically reduced. It is expected that cases will continue to be reported as a result of exposure to infected blood and blood products occurring prior to 1985. There is still a very low risk of HIV infection from screened blood. However, the consequences of refusing life saving blood transfusion far outweigh the risk of HIV infection.
- **Accidental clinical exposures**

  The risk of HIV transmission through accidental injections or needlesticks with infected blood is also very small. A Canadian study which began in September 1985 has documented 214 needlestick exposures to HIV-infected persons; none of the exposed health care workers has become infected with HIV.
- **Breast milk**

  In rare cases breast milk has been shown to be the mode of transmission of HIV. However, there have been many instances of HIV-infected mothers who breast-feed their infants and did not transmit the virus. In Canada, alternative safe and effective infant nutrition is widely available. Therefore, it is recommended that HIV-infected women in Canada be advised against breast-feeding.

Exposures which do not transmit HIV

- **Casual Contact**

  Of the approximately 150,000 cases of AIDS in the United States and 4,100 cases in Canada, none is known to have occurred in family members of patients with AIDS unless the family members were themselves at risk through the known routes of HIV transmission: sexual activity and/or injection drug use.

  Studies of household contacts have demonstrated that HIV is not transmitted even though household members and AIDS patients shared food and eating utensil.
- **Animals**

  AIDS is uniquely a human disease. Household pets are not infected by HIV and cannot infect humans with the disease.

- **Blood Donation**

  In Canada when one **donates** blood, a sterilized needle which has never been used before is inserted into a vein in the arm of the donor. Following the collection of blood the needle is removed and discarded. Needles are not reused.
- **Inanimate Objects**

  The human immunodeficiency virus does not remain infectious outside of body fluids. It does not live on counter tops, toilet seats, drinking fountains, plates, glasses, eating utensils, etc.
- **Insects**

  Laboratory experiments have been conducted to determine if mosquitoes and bedbugs could transmit HIV. No transmission of virus occurred with mosquitoes or bedbugs.
- **Saliva**

  HIV has been found in (infrequently and in low concentrations) the saliva of infected persons. Studies of household members caring for AIDS patients, investigation of HIV-infected persons biting uninfected persons and studies conducted within the dental professions indicate that HIV is not transmitted through saliva in the household setting or through casual contact.
- **Water**

  Human immunodeficiency virus does not multiply in water. Once removed from the body, HIV quickly loses its ability to infect.

Risk of HIV Infection to the Worker

The risk to a worker as a result of an accident or exposure to an infected colleague can be virtually eliminated by following a few simple guidelines. **Since the majority of infected persons are unaware of their infection, it is impossible to know who is infected and who is not.** Consequently these infection control guidelines must be utilized when dealing with any potentially infected fluids. Following these guidelines will not only further reduce the risk of workplace exposure to the AIDS virus but also to other blood-borne infections including hepatitis B.

INFECTION CONTROL GUIDELINES

- **Handwashing**

  In view of the increasing and often inappropriate use of gloves, handwashing must not be forgotten. It remains the most important aspect of infection control. Hands must be washed thoroughly with soap and water after all direct contact with blood and body fluids.
- **Gloves**

  It is important to remember that gloves should be chosen for the particular task that they are used for. For example, surgical gloves are required where dexterity is important and sterile technique is necessary; household gloves may be disinfected and reused, when appropriate, but should be checked frequently for cracks and holes.
- **Cardiopulmonary Resuscitation (CPR)**

  Disposable devices with a one-way valve mechanism for mouth to mouth CPR should be available if they are likely to be required.
- **Gowns, Masks and Goggles**

  These should be worn when aerosol and splashes of blood may be generated such as in the operating room. In the average non-medical workplace these are not required.
- **Sharp Instruments**

  Extreme care is necessary to avoid accidental injuries from contaminated sharp instruments. Needles used for injections, to remove splinters, etc. should not be reused. They should be disposed of in a puncture-resistant container. No attempt should be made to recap or bend needles prior to disposal.

Clean-up Procedures

- **Spills**

  Areas of the shop floor or benches which have been covered with blood (or other body fluids) should be mopped with absorbent materials, newspapers or paper towels, washed with soap and water and then cleaned with sodium hypochlorite solution. The absorbent materials should be placed in a plastic bag for disposal. If mops have been used in the clean-up, they should be thoroughly washed in soap and water and allowed to dry before reuse.

- **Soiled Clothing**
  Clothing which is soiled with blood or any body fluids should be removed and laundered in the usual fashion.
- **Cleaning Tools and Instruments**
  Tools, chisels, drill bits, etc. which come into contact with bloody fluids should be cleaned with paper towels, washed and decontaminated with an appropriate disinfectant.
- **Selection of Cleaning Products and Disinfectants**
  Soap (and water) is the most common and most easily accessed cleaning product. If disinfectants are to be used they should be selected according to the materials they will be used to disinfect. A commonly used disinfectant is sodium hypochlorite, (household bleach solution 1 part bleach to 9 parts water prepared daily) used for floors, table tops, counters, etc. Sodium hypochlorite is corrosive to aluminum, therefore, for decontamination of aluminum or electronic equipment, 70% isopropyl alcohol solution applied for a period of 10 minutes could be used.

Accidental Exposure to Blood/Body Fluids

A worker who has been in contact with blood or body fluids should receive first aid attention according to the type of exposure and consult with a physician as soon as possible. The worker should report this exposure at once to the supervisor. The Manitoba Health guidelines for post-exposure follow-up should be referred to (Appendix C).

NEED FOR POLICY

Since AIDS tends to strike people in their economically most productive years, from twenty-five to forty-five, the people most likely to be diagnosed with AIDS in the future are generally employed somewhere in the workplace.

Today there are 2.3 billion economically active people in the world. The workplace plays a central role in the lives of people everywhere. A consideration of HIV/AIDS and the workplace will strengthen the capacity to deal effectively with the problem at the local, national and international levels.

HIV infection and AIDS are global problems. At any point in time, the majority of HIV-infected persons are healthy; over time, they may develop AIDS or other HIV-related conditions or they may remain healthy. It is natural that questions are asked about the implications of HIV/AIDS for the workplace.

Concern about the spread of HIV/AIDS provides an opportunity to re-examine the workplace environment. It provides workers, employers and their organizations, and where appropriate, government agencies and other organizations, with an opportunity to create an atmosphere conducive to caring for and promoting the health of all workers. It provides an opportunity to re-examine working relationships in a way that promotes human rights and dignity, ensures freedom from discrimination and stigmatization, and improves working practices and procedures.

In the vast majority of occupations and occupational settings, work does not involve a risk of acquiring or transmitting HIV between workers, from worker to client, or from client to worker.

AIDS will not represent a threat for the company that is prepared. Being prepared means adopting a policy that (1) outlines how the company would respond were it known or believed that an employee had become infected with the AIDS virus and (2) makes provision for educating all employees about the issue and about the company's approach to dealing with it.

The specific steps to developing an AIDS policy will vary from organization to organization. Size of the company, type of industry, geographic distribution, demographics of the work force and corporate style will all help to determine how an organization deals with this issue. It has been recommended that three general principles be applied to everything done regarding AIDS:

1) Manage AIDS the way you would manage any other workplace issue.
2) Do what you already know how to do.
3) Be consistent with your usual workplace style. It is seldom wise to try experimental approaches in setting policies about AIDS.

Many workplaces already have personnel policies that cover such issues as employee illness, long-term disability, and safety at the workplace. Special adaptation of existing policies or development of new policies for dealing specifically with AIDS is advisable. Further, because AIDS is a disease that will be with us for the foreseeable future, **written** policies are preferable to unwritten policies, whose details may not always remain clear to those responsible for implementation.

The purpose of the next part of this document is to provide guidance for those considering issues raised by HIV/AIDS and the workplace. Such consideration may involve review of existing health policies or development of new ones. The next section will focus upon the basic principles and core components of policies regarding HIV/AIDS and the workplace.

POLICY PRINCIPLES

Protection of the human rights and dignity of HIV-infected persons, including persons with AIDS, is essential. Workers with HIV infection who are healthy should be treated the same as any other worker. Workers with HIV-related illness, including AIDS, should be treated the same as any other worker with an illness. Most people with HIV/AIDS want to continue to work, since it enhances their physical and mental well-being, and they should be entitled to do so. They should be enabled to contribute their creativity and productivity in a supportive occupational setting.

Any approach to developing a policy for HIV/AIDS and the workplace must take into account the existing social and legal context. As well, the workplace policy should:

1) foster a spirit of understanding and compassion for HIV-infected people and people with AIDS;
2) protect the human rights and dignity of HIV-infected people and peopie with AIDS; and avoid discriminatory action against, and stigmatization of them in the provision of services, employment and travel;
3) ensure the confidentiality of HIV testing and diagnosis; and promote the availability of confidential counselling and other support services.

POLICY DEVELOPMENT AND IMPLEMENTATION

Consistent policies and procedures should be developed through consultations between workers, employers and their organization, and where appropriate, government agencies and other organizations. It is recommended that such policies be developed and implemented before HIV-related questions arise in the workplace.

Your organization should know in advance what its approach to implementation will be. A minimum number of key people need to be identified.

They must:

1) understand the medical facts about AIDS,
2) know the organizational viewpoint about AIDS should it occur in your workplace, and
3) be equipped to educate others about both the disease and your policy.

Policy development and implementation is a dynamic process, not a static event. Therefore, HIV/AIDS workplace policies should be:

- communicated to all concerned;
- continually reviewed in the light of epidemiologic and other scientific information;
- monitored for their successful implementation;
- evaluated for their effectiveness.

POLICY COMPONENTS

The following components should be considered in the development of any policy on AIDS.

A. Person applying for employment

Pre-employment HIV/AIDS screening as part of the assessment of fitness to work is unnecessary and should not be required. Screening of this kind refers to direct methods (HIV antibody testing) or indirect methods (assessment of risk behaviors) or to questions about HIV tests already taken. Pre-employment HIV/AIDS screening for insurance or other purposes raises serious concerns about discrimination and merits close and further scrutiny.

B. Persons in employment:

- **HIV/AIDS screening**
  HIV/AIDS screening, whether direct (HIV testing), indirect (assessment of risk behaviors) or asking questions about tests already taken, is not required.
- **Confidentiality**
  Confidentiality regarding all medical information, including HIV/AIDS status, must be maintained.
- **Informing the employer**
  There should be no obligation of the employee to inform the employer regarding his or her HIV/AIDS status.
- **Protection of employee**
  Persons in the workplace affected by, or perceived to be affected by HIV/AIDS, must be protected from stigmatization and discrimination by co-workers, unions, employers, or clients. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection.
- **Access to services for employees**
  Employees and their families should have access to information and educational programs on HIV/AIDS, as well as to relevant counselling and appropriate referral.
- **Benefits**
  HIV-infected employees should have access to and receive standard social security benefits and occupationally related benefits.
- **Reasonable changes in working arrangements**
  HIV infection by itself is not associated with any limitation in fitness to work. If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made.
- **Continuation of employment relationship**
  HIV infection is not a cause for termination of employment. As with many other illnesses, persons with HIV-related illnesses should be able to work as long as medically fit for available, appropriate work.

In any workplace situation where there is potential for transmitting blood-borne infections, including hepatitis B, infection control precautions should already be in place. These standard precautions will be equally effective against HIV transmission.

AIDS in the workplace is manageable. Preparation and planning avoid potential pitfalls and make possible responses that comply with the law, maintain rationality in the workplace, treat all employees with dignity and respect and minimize the cost to the organization of this new epidemic.

ACKNOWLEDGEMENTS

We wish to acknowledge the following resources utilized in the development of this document:

British Columbia (1988). Ministry of Health, AIDS Information for the Workplace.

Greig, James D. (1987). AIDS: What Every Responsible Canadian Should Know. Toronto: Toronto Sun Publishing Corporation; Ottawa: The Canadina Public Health Association.

Manitoba (1988). Manitoba Human Rights Commission. Policy # 1-1-7-1, HIV Infection/AIDS.

Puckett, S. B. and Emery, A. R. (1988). Managing AIDS in the Workplace. Don Mills: Addison-Wesley Publishing Company Inc.

World Health Organization (1988). Statement From the Consultation on AIDS and the Workplace, Geneva, Switzerland.

APPENDIX A

To comply with recommended infection control procedures outlined, the following additional supplies should be located at all first aid sites:

— Disposable Mouthpiece (for CPR)
— Surgical Gloves (for handling injured persons) — 2 pair
— Rubber Gloves (for clean-up) — 2 pair
— Heavy Duty Garbage Bags (with ties) —2
— Absorbent Paper Towels — 2 rolls

Other supplies that should be conveniently adjacent to all work sites:

— Heavy Duty Plastic Bucket —1
— Mop —1
— Commercial Soap Solution — 500 mls
— Household Bleach — 1000 mls
— Isopropyl Alcohol (70%) — 500 mls
— Paper Towels — 2 rolls

APPENDIX B

RESOURCES

A wide variety of education/awareness materials are already available, and new materials are being produced all the time. You may obtain **print** or **audio-visual materials** from the following:

Health and Welfare Canada
Federal Centre for AIDS
301 Elgin Street, 2nd Floor
Ottawa, Ontario
K1A 0L2
(613) 957-1774

Canadian Public Health Association Clearing House
1335 Carling Avenue, Suite 210
Ottawa, Ontario
K1Z 8N8

Manitoba Health
Resource Centre
880 Portage Avenue
Winnipeg, Manitoba
R3G 0P1
Publications: (204) 945-8978
Audio Visual: (204) 945-8977

Clearinghouse on AIDS Information in the Workplace
Contact: Personnel Journal
245 Fischer Avenue B-2
Costa Mesa, CA 92626
(714) 751-1883

Village Health Clinic
668 Corydon Avenue
Winnipeg, Manitoba
R3M 0X7
(204) 453-0045

The following **books** may be useful references for workplace educators and policy developers:

DePaul, Elizabeth and Liberman, Miriam (1987).
Facts on AIDS for the Public, 1st ed. rev.
Ottawa: Canadian Public Health Association.
81 pp., $4.95, available from the
CPHA 1335 Carling Avenue, Suite 210,
Ottawa, Ontario K1Z 8N8 (613) 725-3769

Greig, James D. (1987).
AIDS: What Every Responsible Canadian Should Know. Toronto: Toronto Sun Publishing/CPHA.
142 pp., $3.50, available in bookstores.

Puckett, S. B. and Emery, A. R. (1988).
Managing AIDS in the Workplace.
Don Mills, Ontario: Addison-Wesley
191 pp., $19.95.

AIDS Information Line (Manitoba)

Companies wishing to provide confidential access to an authoritative and up-to-date source of information for the employees should post the AIDS Information Line phone number where it can be easily seen and recorded:

(204) 945-2437
1-800-782-2437 (Toll Free Manitoba Only)

For answers to **general questions** about AIDS or specific workplace issues, you may contact the following:

Manitoba Health
Communicable Disease Control
3rd Floor, 800 Portage Avenue
Winnipeg, Manitoba
R3G 0N4
(204) 945-6791

Workplace Safety and Health Division
1000 - 330 St. Mary Avenue
Winnipeg, Manitoba
R3C 3Z5
(204) 945-3446

Workplace managers wishing for assistance with education or a question-and-answer session for employees should contact the main **Public Health Unit** for their region:

CENTRAL REGION
PH Coordinator
Manitoba Health
Central Office
25 Tupper Street N.
Portage la Prairie, Manitoba
R1N 3K1
(204) 857-9711

Director
Community Health Services
Manitoba Health
7 Regions Health Centre
Box 1000
Gladstone, Manitoba
R0J 0T0
(204) 385-2968

EASTMAN REGION
Senior Nurse
Manitoba Health
Steinbach Health Unit
Box 2560
Steinbach, Manitoba
R0A 2A0

INTERLAKE REGION
Regional Senior Nurse
Manitoba Health
Selkirk Regional Office
202 - 446 Main Street
Selkirk, Manitoba
R1A 1V7
(204) 482-4511

NORMAN REGION
Senior Nurse
Manitoba Health
Flin Flon District Office
Box 550
Flin Flon, Manitoba
R8A 1N4
(204) 687-3457

Senior Nurse
Manitoba Health
The Pas District Office
Box 2550
The Pas, Manitoba
R9A 1M4
(204) 623-6411

PARKLANDS REGION
PH Program Supervisor
Manitoba Health
Dauphin District Office
707 - 3rd Street S.W.
Dauphin, Manitoba
R7A 1R8
(204) 638-8785

THOMPSON REGION
A/Health Program Coordinator
Manitoba Health
Thompson Regional Office
871 Thompson Drive
Thompson, Manitoba
R8N 0C8
(204) 667-6570

WESTMAN REGION
Regional Coordinator of Community Health Programs
Manitoba Health
Brandon Regional Office
340 - 9th Street
Brandon, Manitoba
R7A 6C2
(204) 726-6284

WINNIPEG WEST — CENTRAL REGION
Regional Coordinator
Manitoba Health
200 - 2015 Portage Avenue
Winnipeg, Manitoba
R3J 0K3
(204) 945-6248

WINNIPEG NORTH REGION
Public Health Supervisor
Manitoba Health
1400 Henderson Highway
Winnipeg, Manitoba
R2G 1N2
(204) 945-8558

WINNIPEG SOUTH REGION
Public Health Supervisor
Manitoba Health
2989 Pembina Highway
Winnipeg, Manitoba
R3T 2H5
(204) 945-8210

Other speakers can be arranged through the Manitoba Health/Village Health Clinic, Speakers' Bureau. For further information contact: (204) 945-6791 or (204) 453-0045.

Since efforts to educate employees have already been undertaken by a number of companies throughout Canada, employers may wish to investigate what resource materials have been developed in the **private sector**.

APPENDIX C

Manitoba Communicable Disease Control **September 1990**

Human Immunodeficiency Virus: Post-Exposure Follow-up Guidelines

For accidental percutaneous (needlestick or bite), ocular, or mucous membrane exposure to blood or body fluids containing visible blood. (See also Hepatitis B virus: post-exposure follow-up policy)

All such exposures should be reported to occupational health staff (or other appropriate person) as soon after exposure as possible.

Is HIV status of **Source** blood known? No → Test **Source** Blood for HIV **

↓

Yes

Is **Source** Blood HIV positive? No → No further action

↓

Yes

— Counsel **exposed** person regarding risk of HIV infection and prevention of transmission as soon as possible.
— Test **exposed** person for HIV.
— Instruct **exposed** person to report all illnesses in the six months following exposure.

↓

Repeat testing of **exposed** person at three months and at six months and/or if symptoms consistent with seroconversion occur.

** **Informed** consent, written or verbal, must be obtained prior to testing. This should include consent to testing and to the sharing of test results with the exposed person and other persons who will have access to testing information and test results.

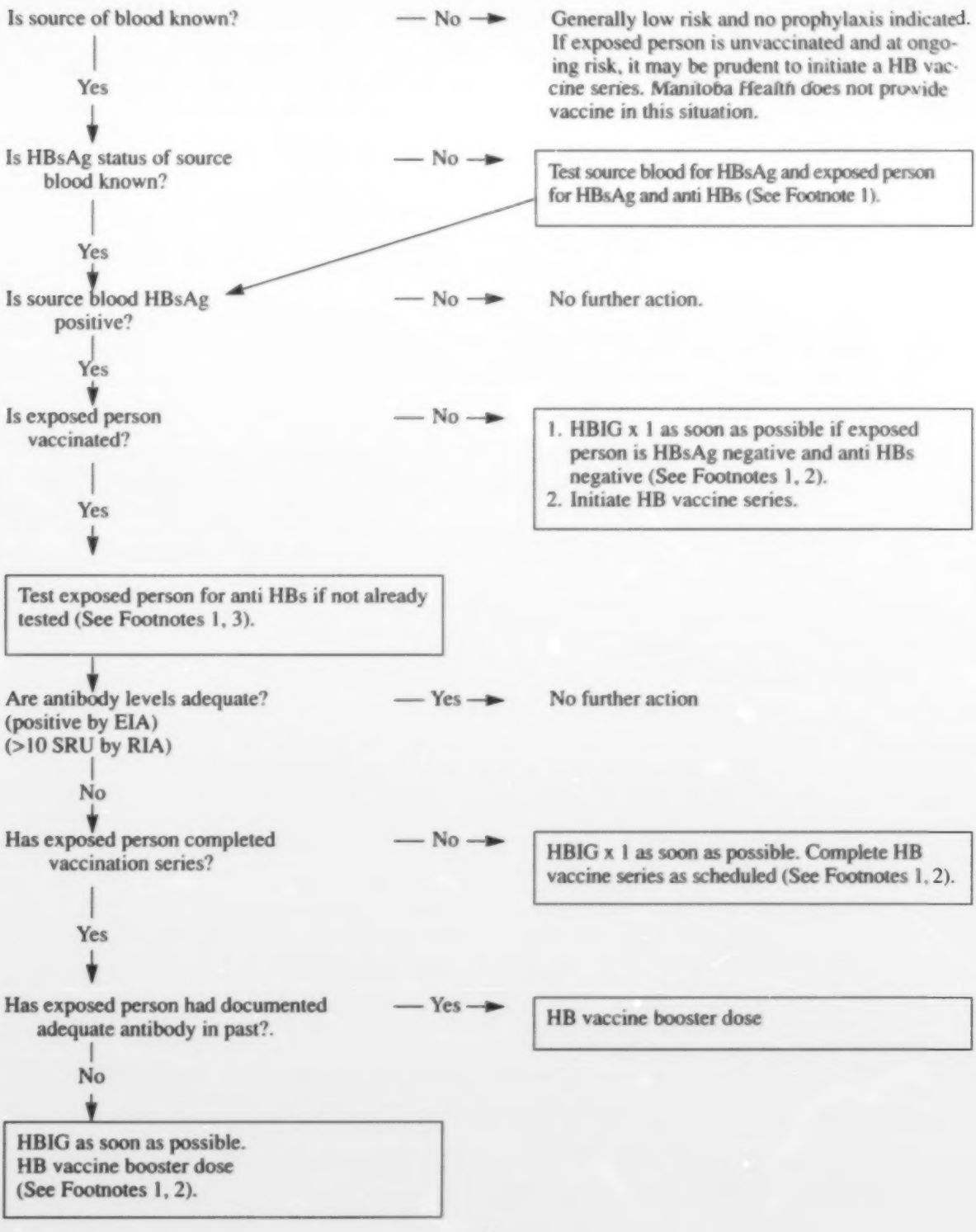
A clearly defined policy for handling of testing information and test results should be in place. Since the information may not be relevant to the care of the source person, it may not need to become a part of the medical record.

If source person is not available for testing or refuses testing, the exposed person should be followed as though the source were positive.

Exposure to body fluids other than those listed above should be assessed on an individual basis.

Hepatitis B: Post-Exposure Prophylaxis Guideline

For accidental percutaneous (needlestick or bite) ocular, or mucous membrane exposure to blood.


Is source of blood known?
No
Generally low risk and no prophylaxis indicated. If exposed person is unvaccinated and at ongoing risk, it may be prudent to initiate a HB vaccine series. Manitoba Health does not provide vaccine in this situation.
Yes
Is HBsAg status of source blood known?
No
Test source blood for HBsAg and exposed person for HBsAg and anti HBs (See Footnote 1).
Yes
Is source blood HBsAg positive?
No
No further action.
Yes
Is exposed person vaccinated?
No
1. HBIG x 1 as soon as possible if exposed person is HBsAg negative and anti HBs negative (See Footnotes 1, 2).
2. Initiate HB vaccine series.
Yes
Test exposed person for anti HBs if not already tested (See Footnotes 1, 3).
Are antibody levels adequate? (positive by EIA) (>10 SRU by RIA)
Yes
No further action
No
Has exposed person completed vaccination series?
No
HBIG x 1 as soon as possible. Complete HB vaccine series as scheduled (See Footnotes 1, 2).
Yes
Has exposed person had documented adequate antibody in past?.
Yes
HB vaccine booster dose
No
HBIG as soon as possible.
HB vaccine booster dose
(See Footnotes 1, 2).

Prophylaxis

- HBIG dose 0.06 ml/kg IM
- HB vaccine dose as per manufacturer's instructions. First dose within one week of exposure; second and third doses, 1 and 6 months later.
- HBIG and HB vaccine are stored and distributed by the Manitoba Red Cross. Their release must be authorized by Manitoba Communicable Disease Control at 945-6830 or by the Regional Medical Officer of Health during working hours. For authorization after hours, call 774-6959.

Footnotes:

1. If test results cannot be obtained within seven days, a decision on prophylaxis will need to be made without test information.
2. HBIG should be given as soon as possible (within seven days) after exposure.
3. If the exposed person has been tested for anti HBs within the past 12 months, repeat testing is not necessary.

Laboratory Testing

I. Cadham Provincial Laboratory (CPL) — 944-0270

- HBsAg testing is performed daily Monday to Friday, and stat testing can be arranged on weekends.
- Anti HBs testing is routinely performed three times a week and requires two days to complete.

If testing for both HBsAg and anti HBs is required, samples should be sent to Cadham Provincial Laboratory (CPL)

II. Manitoba Red Cross — 772-2551

- HBsAg testing is performed daily Monday to Friday.

Since urgent action is required if exposure to is to be managed properly:

1. Phone the laboratory
   a) to ensure that specimens will receive prompt attention. (CPL — ask for Dr. Sekla, Mr. Stackiw or Serology Technologist; Manitoba Red Cross — ask for Hepatitis Testing).
   b) to inform the lab
      1) how and when the specimen will arrive at the receiving lab,
      2) name and phone number of person to whom results will be phoned,
      3) name of exposed person, and
      4) name/source of blood if known.

2. Complete the appropriate requisition form and provide the following information:
   - name and phone number of person to whom results will be phoned.
   - name/source of blood if known.
   - time and type of exposure.
   - vaccination status of exposed person.
   - label "NEEDLESTICK—STAT SEROLOGY".